

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12						
13						
14						
15						
16						
17						
18						
19						
20						
21	1					
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48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	26	↔	↔	↔		
TOTAL CLAIMS	29					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.			↔	↔		
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS